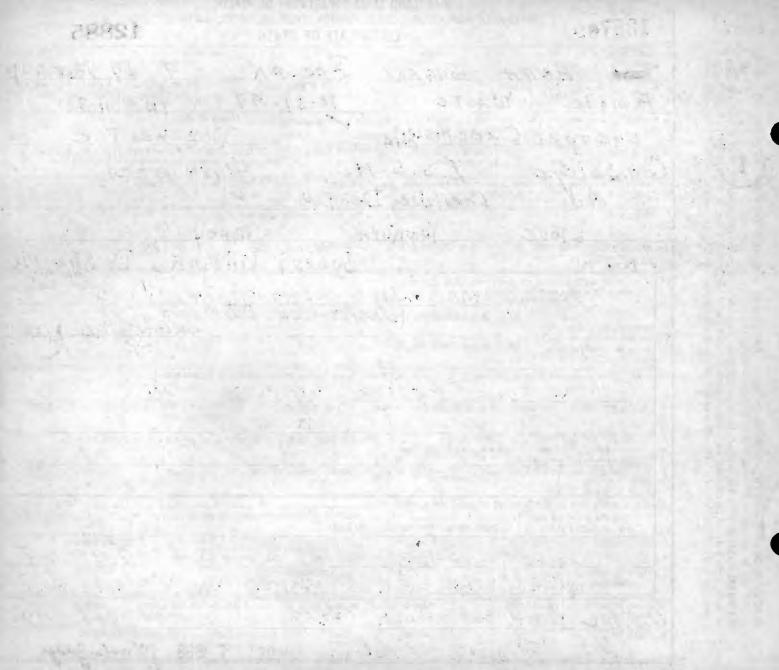
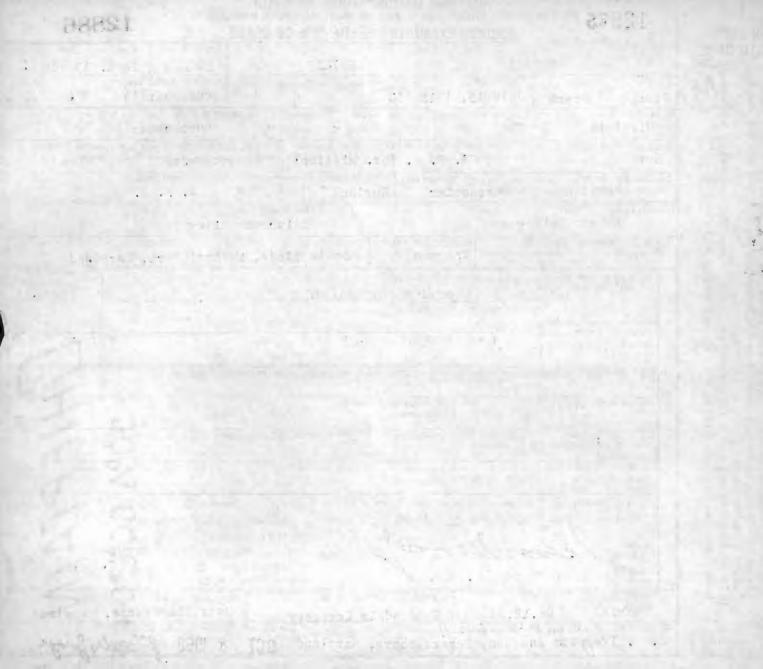
<u>.</u>	1	MARTLAND STATE DEPARTMENT OF HEALTH
		1287 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12885
*		CERTIFICATE OF DEATH 12885
# - 7 €		CEASED-NAME First Middle Jost 20. DATE OF DEATH 20. HOUR
	-	HINNA SUSAN DACSAN 9 29 1968 23
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by by	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED REVER MARRIED 9. COUNTY OF DEATH
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and rem	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
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e death certificate b attending physician sermit. Then please an, ar remaval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, ng gor unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address
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em High		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A A I C A I A I C A I A I C A I A I C A I A I
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al al al for for Hear		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
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G PHYSIC the haspi this cert detached		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
de d		22a. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, that (I) (we) last
IDING J by T After After I be c		saw the deceased glive on19and that in (my) (aur) opinion death occurred on the date and hour and from the
OR: only	П	couses stated abave, (I) (we) (did) (did nat) view the bady after death.
With Figure 4.		226. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR be	11	Minas a vegger foresty Degree PHYS. DIRECTOR PHYS. 1 9-17-60
TAI may tAI pag pe fi	1	22d. PHYSICIAN'S NAME (Type) DONALD AGGER KELLOGG PASTERY SHORE STATE HOSP.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executived. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplited director, page 3 should be detached for use as the burial-transit permit. Then please remove carb shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event,	,	
B Share	236	DBURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
2 2	24	FUNERAY DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1748	24.	A. Visa il Morre Shy Dentoz, DATE QCT 7 1968 Colorles Judge
V3		THE WALL THE PORCHET COURTS I WAIT TO THE TOTAL THE TOTA



1 2 7 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Day 2b. HOUR OF ESTI-DEATH MATED Sept. 13 1968 (Type or Print) BESSIE 2, and 3 to PM3. Poge BAILEY ? M IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR 50 September 1914 Year 68 July 13, 1918 Female Negro 10 AM with the State Depoy 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED farm country irginia Dorchester USA WIDOWED [X] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR Hurlock during most of working life aven if retired.) INDUSTRY give strem odd pss) D. (Nr. Mission) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY EIMITS? 13e. STREET AND NUMBER deoth. admission) Maryland 13b. ODbrchester Hurlock R. F. D. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle First Robert Bailey Elizabeth Rilev hours. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, Ro, or unknown) (If yes give war or dates of service) Unknown Minnie Slade, Federalsburg, Maryland E E APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO X 90 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. and in my apinian Inquiry may be retained death resulted fram: Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE Oct. 2, 1968 DEPUTY MEDICAL EXAMINER TX 5 may 10 FUNE John Mace Jr. MD. ADDRESS(Street, city, tawn, ar county) the 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) Near Rhodesdale, Maryland Oc.12,1968 Rhodesdale Cemetery 24. FUNERAL DIRECTOR / Gram Transplace, 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE J. J. Framptom and Son, Federalsburg, Maryland DATE CT

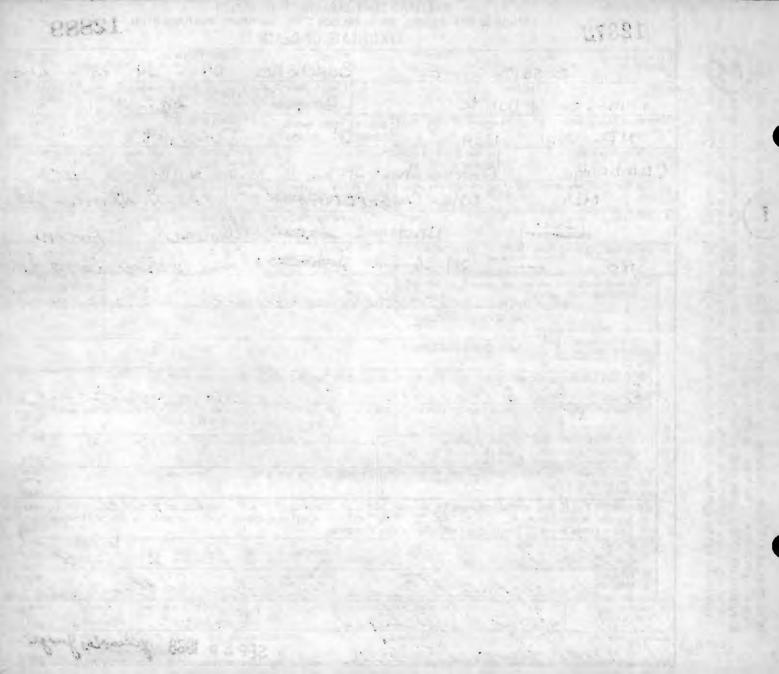


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hin 24 ncil in niner's pages hours	160.	es, go, or unknow	ER IN U.S. ARMED FO	or or dates of service)	66. SOCIAL SEC		7. INFORMAN			D	5 - 5	ADDRESS	72 3T	21	** 1
tould be executed within 24 hour word "pending" in pencil in Item, the Chief Medical Exominer's Official-tronsit permit. File pages I any event within 72 hours after	-				r / \ // \		Mrs.	War	ren	Bra	SHAW	R.D.		APPROXIMATE I	NTERVAL
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171	DIVISION OF VITA	MARYLAND STATE DEF IL RECORDS, 301 W. PRESTO		APYLAND 21201	400-
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14 FA		Aiddle Lost		First Medd	
160 V	Clifton W WAS DECEASED EVER IN U.S. ARMED FORCES?	infield Burte	n L113	ADDRESS	a Cex
(Ye	(If yes give war or dates of se			ton Cambri	des Ma
	18 CAUSE OF DEATH (Enter only one couse	, , , , , , , , , , , , , , , , , , , ,		OGII ORINGII	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CERTIFICAT		WAS PERFORMED?			YES NO SX
E	210. EXTERNAL CAUSE WAS 216 TIA	AF OF INJURY Month, Day, Yeor			ort 2, Item 18.)
ĭ Ĺ	CAUSE OF DEATH	3 PM 9/9 19 00			t pipe into car
W.	WHILE AT WORK AT WORK THE SAY		Rt. 16 Near		County Stote Dor. Md.
ı	22a I certify that I took charge				
	death resulted from. Natural	couses , Accident ,			anner
	ACTUAL	222 X	CHIEF MEDICAL EX		2b. DATE SIGNED
	SIGNATURE EXAMINERS		DEPUTY MEDICAL		9/12/68
	NAME (Type) John Wace	Jr. M.D.		ity, town, or county) Cam	
230	BURIAT CREMATION 23b DATE REMOVAL (Specify)	23c NAME OF CEMETER		23d. LOCATION (City or Town	, , ,,
24	REMOVA (Specify) Burial 9/12/6 FUNERAL DIRECTOR	8 E.New Ma	rket Cemetery	E. New Mark	ot Md. STRAR S SIGNATURE Classification Cla
	Kennett R Showan &	Cambridge		D 1 6 1968	Charles Judge

/ _ 1	1	12880	DIVISION OF VITAL RE	CORDS, 301 W.	PRESTON STREET.	BALTIMORE, A	MARYLAND 21201	2804	
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4 Vie 5	3. SE	nar	4 RACE	Ι.	S. DATE OF BIRTH	r. S	6 AGE (in years	21 1968 1A	IRS.
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within 24 haurs af		ity or fown of death Cambridge	give street oddres	undary	Ave.	uring most of work	ION (Kind of work done ling life, even if retired.) LIN	12b. KIND OF BUSINESS OR INDUSTRY Ship	
we ge	13a odm	USUAL RESIDENCE (Where decedes ssion) STATE Md /	sed lived, if institution; Residen 13b_COUNTY Dorcheste	ce before 13c CITY	OR TOWN 13d 198	SADE CITY LUMITS? 13e	STREET AND NUMBER		
D Aug	14. 6	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN		Middle	Lost	
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rificate hysicie n plea val, ar	160. Y	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	and a date of an ind		Mrs. Con	way 115	Address Boundary	Ave.	
ires that the death cer ysician. ned by the attending prial-transit permit. The rial, crematian, ar rema		Conditions, if any, which gove use to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF TO CONSECUTION OF	UENCE OF	THRO			BETWEEN ONSET AND DEATH	S
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IOSP pe 4 UNE Bector puld	23o	BURIAL, CREMATION, 23b	DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d. LO	(City or Town)	(County) (State)	
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VR A15 00 00 00 00 00 00 00 00 00 00 00 00 00	34	FUNERAL DIRECTOR Shi	Suco Cambri	ADDRESS	21613 DAT	SEP 2 6	1968 REG STRARS	rlag Judge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12892 12881 CERTIFICATE OF DEATH DECEASED-NAME Middle lost First 2o. DATE OF DEATH 2b. HOUR Month 25 Doy (Type or print) 68 Year 7:29" 09 WALTER DASHIELL TURPIN 3. 5EX 4. RACE 5 DATE OF BIRTH 6 AGF (In years IE UNDER YEAR IF UNDER 24 HRS lost birthdoy) 58 NONTHS DAYS HOURS 12-08-09 WHITE MALE remave carban papers. Pag n any event, within 72 haurs 24 haurs 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign MARRIED X NEVER MARRIED country) MARYLAND U.S.A. DORCHESTER WIDOWED [DIVORCED [12o. USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR give street oddress)
EASTERN SHORE during most of working life, even if retired) INDUSTRY CAMBRIDGE STATE HOSP. crematian, ar remaval, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 18b. COUNTY MERRY AVENUE KENT ROCK HALL YES [NO X 14 FATHER 5 NAME 15 MOTHER 5 MAJOEN NAME First Muddle Eirst Middle Lost Lost and DASHIELL DASHIELL MARGARET HENRY PHYSICIAN: The law requires that the death certificate be 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT Arldress Yes, na, or unknown) HOSPITAL RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) crebro vascules accident PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if ony, which gove) arteriosclerosis nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to acci dent O FUNERAL DIRECTOR: After this certificate has been CIALLOW WHO a land 19m DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 51reet or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 100 cm 23, 1965, to 10 cm 22, 1966, that (I) (we) lost saw the deceased alive on 50 ptc 10 cm 23, 1967, and that in (my) (aur) apinion death occurred an the date and hour and from the 1905 causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING 6 DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S BARROSO EASTERN SHORE STATE HOSPITAL BURIA, CREMATION. 23d LOCATION (City or Town) (State) (County)

2 34 7 12 h

MAKTLAND STATE DEPAKIMENT OF HEALTH 12882 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b HOUR 1 DECEASED-NAME First Lost Sept. Month 25 (Type or pnnt) Dreibelbis June W. 6. AGE (in years lostbighday) S. DATE OF BIRTH 4. RACE IF UNDER 1 YEAR 3 SEX April 4,1885 White Female 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Penna. Dorchester U.S. DIVORCED [7] WIDOWED A 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY durang most of working tite, even if retired.) give street where idge-Maryland signed by the attending physician and completely fi burial-transit permit. Then please remove carbon burial, crematian ar removal and in the Cambridge 130. USUAL RESIDENCE (Where deceased lived, if institution: Res data Septial U.S. duy OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER executed) Maryland Dorchester Cambridge YES NO 300 Somerset Ave., Last 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Tubbs White, Sr., Clara Joseph PHYSICIAN: The law requires that the death certificate by 16b. SOCIAL SECURITY NO. Addid Somerset Av 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) (If yes give war or dutes of service) 220-11-3112 Mrs. Alfred R. Maryanov, Cambridge, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) DETWEEN DISSET AND GEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary embolus 1 day DUE TO, OR AS A CONSEQUENCE OF 17 days (b) Thrombophlebitis of left lower extremity Conditions, if any, which gave) nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse. Undet. Arteriosclerosis, generalized PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) d far use as the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO 📆 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while of work 22a. I certify that (I) (this postprack of tended the deceased from 9/7/68, 19, to 9/25, 19, 68, that (I) (36) lost sow the deceased above an 9/25, 1908, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (vertical tendent) view the bady after death. 22r. DATE SIGNED 22b SIGNATURE MED. DIRECTOR ATTENDING efred R. necessary conserv 9/26/68 DEGREE 22d. PHYSICIAN S 22e. ADDRESS 21613 NAME (Type) Alfred R. Maryanov, M. D. 610 Race St., Cambridge, Md. directar, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (Stote) (County) 230 BURIAL, CREMATION, Pa. Sept. 27,1968 Light Street Cemetery, Light Street, 水四0Y中印象型 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) DATE OCT 3 1958 30M REV. 1/68 Cambridge . Md.



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FOR STATE		40000		ION STREET, BALTIMORE, MAR CERTIFICATE OF DEATI		12896
HEALTH DEPT.	1 [ECEASED NAME First	Middle	Lost	20 DATE KNOWN Month	Doy Year 26 HOUR
	1	Type or Print) OLC. D.C.	Ellen	Elliott	OF ESTI- 9	12 1068 5 5
delay is and 3 ta M3. Page rtment of	3 5	EX 4. RACE S DATE	OF BIRTH 6. AGE (in years) butbeen	OFS IF UNDER 1 YEAR OF JINDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2d HOUR
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事ると		HSUAT RES DENCE (Where deceased lived	functitut on Recidence hefore 13c	CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	014
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		es, no, or unknown) (If yes give wor or dates of	Service) 16h, SOCIAL SECURITY NO SARVICE) 16h, SOCIAL SECURITY NO SARVICE) 16h, SOCIAL SECURITY NO SARVICE) 17h, SOCIAL SECURITY NO SARVIC	ME INFORMANT 1 i am, G. E. E. EASTERN Shore S	liott (Soh) Son	noriggo, ned
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등 불통 공학		PRIMARY OR CONTRIBUTING	TIME OF INJURY Month, Doy, Yeor	21c HOW INJURY OCCURRED (Enter no	iture of injury in Port 1 or Port 2, If	em 18.)
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		220 I certify that I tack charge	ge of the remoins described ab	ave, held an Autapsy , I	nspection , Inquiry	, and in my opinion
TY DICAL E Y, please exect strain director. Po se retained for CAL DIRECTOR: prior to buridl,		death resulted from: Noture	ol couses 🔲, Accident 🗵	, Suicide , Hamicide	Undetermined monner	
please e directar directar retained DIRECT ar to bur		ACTUAL	200-	CHIEF MED CAL EXAM		Plonen a
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TO DEPUTY PECESSORY, I the funeral 5 may be r TO FUNERAL Health prid	230	BUR AL, CREMATION, 23b DATE	23c NAME OF CEMET		d LOCAT ON (City or Town)	(County) (State)
. 7.	_	Burial Sept. 14			Galisbury, Wicomi	
VR AT SME (S)	24.	FUNERAL DIRECTOR HOLLOWAY & COMPANY	, SALISBURY, MAR	YLAND 250. REC'D BY I		signature
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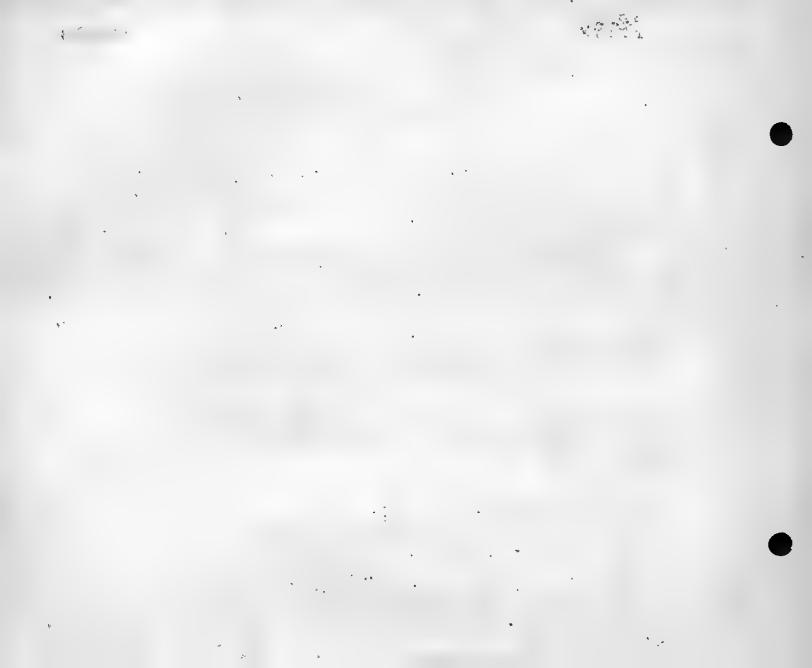




	1			D STATE DEPARTMEN		Authority Bushell Michigan Bushell	
. 7		12887	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRE	ET, BALTIMORE, MARYLAI	ID 21201	
-17		74409		CERTIFICATE OF D	EATH	12898	} '
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ond rem	1	FATHER S NAME First	Middle Last	15. MOTHER'S MAID	EN NAME First	Middle Last	
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ertificate be physicion o pen please I		es, no, ar unknown) (If yes give wo	r or dates of service) 212 - /2 - 3	437 Sarah Wo	polford 411 H	fughes St. Camb. I	Md .
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at at ion		4120	DUE TO, OR AS A CONSEQUENCE OF	arteriosclan	otte CVD		
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in the real real real real real real real rea		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
es lició li-t-ta		last.	(t)				
equires tha physicion. signed by burial-tron burial, crer		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PA	ART 1(a)	
ob b			Bronchial asthma				
law re nding been s the ior to	S S		ONDITION FOR WHICH OPERATION WAS P	RFORMED 200 AUTOPS	V2 20h JE YES W	VERE FINDINGS CONSIDERED IN CERTIFYING	
The horse	\$	TO. DATE OF OTERATION	ORDINOR OR WINCH OF ERAFIOR WAS FI	YES [7]	NO Z		
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vsicians: ospitol or certificate ched for unother of Health		210. ACCIDENT WAS UNDERLYING ☐ CAUSE OF CEATH			RRED (Enter noture of injury in P	art I or Port 2, Item IB.)	
音音音	MEDICAL	(If e'ther, notify medical examin	er) P.M.	9			
HYS hos ce	₹	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION Street of	or R.F.D. Na. City or Tov	vn County St	tote
ic PHYSICI The hospit This certif detoched te Dept. of	П	While Not while of work	fortier posteriol rice				
N A T A C O C C C C C C C C C C C C C C C C C	1	22a. I certify that (I) (this	s haspital) attended the deceas	ed fram	, 19, ta	, 19, that (I) (w	e) last
d b Aff a b d b d b d b d b d b d b d b d b d b		saw the deceased al	s haspital) attended the deceasive an(i) (we) (distribution) view the	19, and that in (my)	(aur) apinian death accuri	red an the date and haur and fro	m the
E se	l	causes stated abave	(I) (we) (distror) view the	bady after death.			
本語語表示	ı	22b. SIGNATURE		ATTENDING	AMED STAT	22c. DATE SIGNED	
Sed v		(In	Mend	DEGREE PHYS.	MED. STAF	[D 9/13/68	
Ar Ar Book	L	22d. PHYSICIAN'S		22e ADDRE	222		-
Poge 4 may be retained by the hospital or othending physician. To Funeral Directors: After this certificate has been signed by the attending physician and completely filled in Tythe fluctor, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers, Bages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after		NAME (Type) Dr.	Edwin Fasset	Ե	High Street,	Cambridge, Maryl	and
UNI Scto	230	BUR.AL, CREMATION, 236. 1	ATF 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City	y or Town) (County) Tre (State	la d
E SE SE CO	1			n Hill		Hill Dorchester	tiu
5-5	24	FUNERAL DIRECTOR	426 DANGE	r Street 2	So REC'D BY REGISTRAR	REGULERANS SIGNAL RE CO.	
VR A13 (4) 30M REV 12/68	B	arbara L. Da:	shiell Easton,	Tarvland .	So. REC'D BY PEGISTRAR 196	REGISTANTS SIGNAL RE	-
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5	1	30000	DIVISION OF VITAL RECORDS,	203 W DESTANTENT OF		0.1
7		12888		CERTIFICATE OF DEATH		12899
ter death. funeral s 1 and 2 ther death.	(1	ECEASED-NAME (ype or print) Lee	Middle	Fitzhugh	20. DATE OF DEATH Month	Day Year 845 A M
by the funeral Poges 1 and aurs after death	3. SI	Mele	4. RACE White	S. DATE OF BIRTH	6. AGE (In year last birthday)	YRS. FUNDER YEAR IF UNDER 24 HRS MAIN.
24 haurs after death ad in by the funeral mass. Pages 1 and 32 fraurs after death		BIRTHPLACE (State or foreign http) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Porcheste	er Md. Md
athin 1	10. (Cambridge	mus street nadross)	during	SUAL OCCUPATION (Kind of work is most of working life, even if retrieved to the control of the c	red 1 INDUSTRY
reted to the second	13a odm	USUAL RESIDENCE (Where deceas sssian) STATE: MAryland	ed lived, if institution Residence before 13b. COUNTY Dorchester	13c CITY OR TOWN 3a INSIDE C	NO RED	P. 2
and co	14.	FATHER'S NAME FIRST A LEXAND	Middle Last Fitzhu	15 MOTHER'S MAIDEN NAM	Vertie Mid	NO + KNOWN
ertificate b physician nen please iaval, and i		WAS DECEASED EVER IN U.S. ARN			Parker REDT	
law requires that the death certificate be executed within nding physician. been signed by the attending physician and compensy fill so the burial-transit permit. Then please remove carbabiar tar burial, crematian, ar remaval, and in any event, within		PART I. DEATH WAS CAUSED	ATE CAUSE (o)	de metastas	29	approximate interval Between onset and peath 5 m bn Ths
that the an. by the at Iransit pe crematian		Conditions, it any, which gave trise to immediate cause (a),	(b) C. DUE TO, OR AS A CONSEQUENCE OF	osi Sarcom	a	1 year.
quires tha physician. signed by burial-tran		last.	(<)	OT DELATED TO THE TEDMINAL DISEASE	DECONDITION CIVEN IN PART 1/2)	
w required by the photon significant significant photon significant significan	NO.	1/1	CONDITION FOR WHICH OPERATION WAS P			NINGS CONSIDERED IN CERTIFYING
has has h pr	CERTIFICAT.ON			AEZ NO	CAUSES OF DEATH?	
PHYSICIAN: The law re to hospital ar attending his certificate has been stacked far use as the Dept. af Health priar ta	MEDICAL C	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Month Day Year	q	inter nature of injury in Part 1 or F	
G PHYSICIA the hospital this certific detached fa	2	While Not while at work		CTORY.) 21f. LOCATION Street or R.F.D	10 (17 1	Caunty State
Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt		22a. I certify thot (I) (the saw the deceased a couses stated abave	is hospital) attended the deceos live an society be f e, (I) (we) (did) (did nat) view the	ed from, 1962, and that in (my) (our) bady after death.	opinion death occurred on t	
OR ATTENI be retained bIRECTOR: A je 3 shauld led with the		226 SIGNATURE Rach	F Dauso	DEGREE PHYS	MED STAFF DIRECTOR PHYS	Schlember 9.68
O HOSPITAL Page 4 may O FUNERAL (director, pag shauld be fil		22d. PHYSICIAN'S NAME (Type) CAR'			St. Hurlock	Mb
Page of rect shaul	23a.	BURIAL, CREMATION, 23b (September 23b)	ept.11,1968 Dor	CEMETERY OR CREMATORY Chester Memoria	23d. LOCATION (City of Town	ridge, Md.
30M REV. 1 48	25	FUNERAL DIRECTOR	ADDRES!	2Sa. REC		Clarles Judge



I		12889		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	12900
THE FRE	1.	DECEASED NAME First (Type or print) PROT		Last	2a DATE OF DEATH Month Day	25. HOUR
* A \$ (A)	L	IMYOL	NALD E.	HOPKINS	Sept. 20	1968 M
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wing Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carbo shauld be filed with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, we		Male Male	4 RACE White	S. DATE OF BIRTH Aug. 9, 19	6 AGE (In years last brithday) YRS	IF UNDER I YEAR
4 haurs in by ers. P	7a	BIRTHPLACE (State or foreign unity) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Dorchester	Md
rithin 2. A filled by filled within 2.		Cambridge	name of Hospital or Ins give street address) 112 Choptank	STITUTION (If not in haspital 120 USU during m	At OCCUPATION (Kind of work done ost of working life, even if retired) urance Broker	12b KIND OF BUSINESS OR INDUSTRY Insurance
uted w mplete re carb	130 od		sed lived if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY I Cambridge YES X N	MAITS? 13e. STREET AND NUMBER	
a co		FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
		Edwin	C. Hopkin	IS	Clara ?	Ewell
of precion	16	a. WAS DECEASED EVER IN U.S. ARI Yes na. ar unknown) (1 yes ave Yes Ww	yer or dates of service) つっとってん		ral Service recor	ds
cert There	F	IR CAUSE OF DEATH /Enter or	nly ane cause per line for-(a), (b), and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
andin or re		PART I DEATH WAS CAUSE IMMEDI	D BY. ATE CAUSE (a)	ral Hemer	Thoga.	1 Low
afte afte perm		40114	DUE TO, OR AS A CONSEQUENCE OF			
the the mati		Canditians, if any, which gave rise to immediate cause (a),	(b) C C C	us solus	¥	407,5
res tho sician. red by cal-trar		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
requi		, .	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
The law attendir has bee se as th h prior t	CEDITIESCATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
IN: T ar c ar c ar us ealth				21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, I	tem 18.)
Pital Pital A for	MEDICAL	or CONTRIBUTING CAUSE OF DEA	ner) P.M. 19	9		
s PHYS the has this ce detache e Dept.	2	While Nat while	PLACE OF INJURY (AT HOME FARM, STREET, FAC		•	Caunty State
Affer d be ce State		22a. I certify that (1) (the sow the deceased of	is haspital) attended the decease live an 9-20-68	ed from <u>4-25-68</u> , 19_ 9, and that in (my) (aur) ap	, ta <u> 9=20=68 ,</u> 19 inian death accurred an the da	, that (i) (we) las te and haur and fram the
Facility and the state of the s	Т		e, (!) (we) (did) (did nat) view the	bady after death.	20. [DATE CICHEN
OR A be ret DIRECT STREET STRE		22b. SIGNATURE	& Dunker		MED. STAFF 9-	DATE SIGNED 24–68
SPITAL 4 may IERAL or, pag d be fi		22d. PHYSICIAN'S NAME (Type) ALBEF	TE. BUNKER, 11. D.		ve., Cambridge, Md	. 21613
HO Tige Fundament	23			CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2.5	BUTTAL Security Sep	ot. 24, 1968 Christ	Church Cemetery	Cambridge, Mar BY REGISTRAR 25b. REGISTRAR S	
VR A15(4) 30M REV 1/66	29	LeCompte Funera	l Service, Cambrid	ige, Maryland		les Judge



	1289	0	DIVISION OF	VITAL RECORDS,				NORE, MAI	RYLAND 2120		
		*			CERTIF	CATE OF	DEATH			129	301
	(Type or print)		BSON	Middle	НО	Lost RSEMAN		2a. DATE OF	Month Sept	15 198	8 25 HOUR
	3. SEX Ma.	.e :	4. RACE	White		S. DATE OF BIR	RTH L , 1899		6. AGE (In years last birthgay)	F JHDER 1 YE	
	7o. BIRTHPLACE (S	tale or foreign land	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARI	RIED 9.	COUNTY OF			Md
,£	10. CITY OR TOWN		orve	IAME OF HOSPITAL OR IN street address) ambridge M	,	,			(Kind of work do life, even if retire		O OF BUSINESS OR
f	13a. USUAL RESID admission) STAT	NCF (Where deced Maryland	sed Irved, if institu	or chester	F-1 CUY	ottis	YES NO	TS? 13e. ST	REET AND NUMBER		1004
1	14. FATHER'S NAN	f first Riley	M.ddle	lost Horsema		15 MOTHER'S MA	IDEN NAME Firs	Lovie	Middle	Gra	Lost
	160. WAS DECEAS	D EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY	NO. 17	INFORMANT			Addres		<i>y</i>
	Yes, no or unk	lown) (If yes give	war or dates of service)	217-32-96	59	LeCompte	Funera	al Ser	vice rec	ords	
	1B. CAUSE	OF DEATH (Enter or	nly ane cause per l	ine far (a), (b), and (c).						App	PROXIMATE INTERVAL EEN ONSET AND DEATH
	PART 1	DEATH WAS CALISE	n RY	erebral he		age with	n left s	Sided	heminleg		days
	15	19		AS A CONSEQUENCE OF		~~~~~~~~					
	Conditions,	fany, which gave	(b)								
		ediate couse (a), underlying cause(DUIT TO OR	AS A CONSEQUENCE OF				•			-
	lost,		(ε)								
	PART 2. OT	ier significant co	NDITIONS CONTRIB	UTING TO DEATH BUT N	IOT RELATED	TO THE TERMINAL	DISEASE OR COM	NDITION GIVE	N IN PART I(o)		
	8 <u>3 3</u>	, y's									
1	190 DATE OF	OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	ERFORMED	20a. AUTOI	PSY?		YES, WERE FINDING OF DEATH?	GS CONSIDERED 1	N CERTIFYING
X	RIE					YES 🗌	NO (
		NT WAS UNDERLYIF				HOW INJURY OCC	URRED (Enter n	noture of inju	ry in Port I or Port	t 2, Item 18.)	
		JEING CAUSE OF DEA tify medical exami	iner) P.M.	. 1	9						
	While to	at wark		(AT HOME FARM, STREET FA OFFICE BUILDING, ETC.					or Town	County	State
	220. I cei saw	tify that (I) (京 the deceased o	live on	ended the decease //15	ed from_ 19 <u>68</u> , a	9/9/ nd that in (my	, 1968. y) (XXI) apini	, to ion deoth	9/15 , occurred on the	19 <u>68</u> , t date and ho	hot (I) 1000 los our and from the
	22b, SIGNATI		e, (I) Devel (GIG)	(description line	body one	ueam.				22c. DATE SIGNED)
	QU	fred &	3. June	marine	. DE	GREE PHYS.	G K DIRI	D. ECTOR	STAFF PHYS.	9/16/	
1	22d. PHYSIC NAME (AND Alfre	ed R. Mar	yanov, K.	D.	22e ADDI 610		St., C	ambridge	, Md.	21613
	23a BURIAL, CRE	AATION, 23b.	DATE	23c. NAME OF	CEMETERY C	R CREMATORY	Church	23d LOCATIO	ON (City or Fawn)	(County)	(Stote)
	Buria	Se Se	p. 18, 1	968 Elliot	ts Me	thodist	yard	ELLIO	tts's Is.	land, Ma	aryland
7	24. FUNERAL DIR	CTOR		ADDRESS e. Cambrid	6		2So. REC'D BY	REGISTRAR	25b. REGISTR.	AR'S SIGNATURE	
1/2	Tecompt	e runera	T DELATC	e. vamurid	EC. M	TOUBLY	DATE SEP	711 1	THE UCC	1221/6. V	44.66



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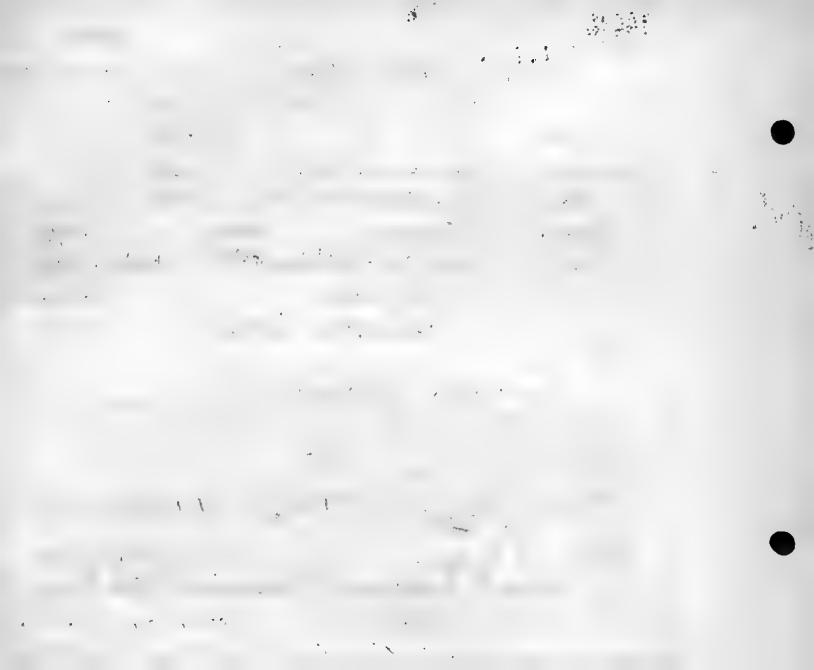
			D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTII		A so
1	12892		ERTIFICATE OF DEATH	MORE, MARIDAND 21201	2903
and 2 death.	DECEASED NAME FIEST (Type or print) MA GG I	Middle TODD	JONES Last	20. DATE OF DEATH Sept 15 Day	1968 2b. Hour
urs after death	Femal =	4 RACE White	s. date of Birth July 13, 18	6. AGE (In years last birthday) 79 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
3 17	a BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X NEVER MARRIED VIDOWED DIVORCED	Dorchester	Mo
€ . [city or town of DEATH Cambridge	11. NAME OF HOSPITAL OR INS give street addgess) Cambridge Mo	d. Hospital	OCCUPATION (Kind of work dane staf warking life even if retired.) Housewife	12b KIND OF BUSINESS OR INDUSTRY Home
8 () e	30 USUAL RESIDENCE (Where decease idmission) STATEMaryland	d lived, if institution. Residence before 13b. COUNT Dorchester	13c CJY OR TOWN BISHOPS Head YES NO		
1	4. FATHERS NAME First James E			si Middle u sie A. Prit chet	Lost
	Yes, na, or unknown) (If yes give wa	D FORCES? or dates of service) None	17. INFORMANT LeCompte Funer	al Service recor	
	Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause rast 2 OTHER SIGNIFICANT CONI	DUE TO, OR AS A CONSEQUENCE OF (b) CASUAL CA DUE TO, OR AS A CONSEQUENCE OF (c) CASUAL CA (d) CASUAL CA (d	Acleury Solution TRELATED TO THE TERMINAL DISEASE ORCO	p Celeta ONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHECK GLECK GLECK
,	RIFICA	ONDITION FOR WHICH OPERATION WAS PE	YES NO Z	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19	,	nature of injury in Part 1 ar Part 2,	
	While Nat while at wark 220. I certify that (I) (this saw the deceased all	HACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ed from 196	City ar Town , to Sylvinion death occurred on the do	Caunty State 2 , that (I) (we) lose to and hour and from the
	22h SIGNATURE WORL	Spon		ED. STAFF 22c. RECTOR PHYS. 9	DATE SIGNED
Silubia be med will life silue cepti.	/ NAME (Type) James	/	Locust St	reet, Cambridge,	
	230 BURIAL (REMATION, 23b. D REMOVAL (Specify) Sep 24 FUNERAL DIRECTOR		CEMETERY OR CREMATORY Ster Memorial Park 25g. REC'D BY	23d. LOCATION (City or Town) Cambridge, Mar REGISTRAR 25b REGISTRARS	
		Service, Cambrid		1	when Judge



, _					DEPARTMENT OF I		
and the same of th		40000	DIVISION OF VITAL R			IMORE, MARYLAND 21201	
		12893		CERTIFI	CATE OF DEATH		12904
. € €€		CEASED-NAME First ype or print)	M	ıddle	Lost	2a. DATE OF DEATH Month	2b. HOUR
de d	,	Walt	er The	MAS	Kirwan	Sept. 1	7 1968 130 PM
ig G	3. SI	X	4 RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the age		Male	White		Sept. 25.19	■7 G YR	
by P	7a coei	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTS	8. MARRIED	X NEVER MARRIED	9. COUNTY OF DEATH	
d in Pers		Mal .	U.S.	WIDOWED		Derchester	Md
be executed =ithin 24 flours after and campletely filled in by the of a remave carbon popers. Pages in ony event, within 72 haurs aven		ITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospital 12a. USU.	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ely with		Cambridge	Cambri	Sdge-Md.H	spital wang m	ost of working ofe, even if retired.	REA Office
ed pleto	13a	usual RESIDENCE (Where deceasion) STATE	ed lived, if institution. Reside	nce befare 13c (ITY 0	R TOWN 13d. INSIDE CITY L	IMITS? 13e STREFT AND NUMBER	
cut dum	Luuin	Me.	Dorcheste	r Cam	bridge YES X N	0□ lle Glen	burn Ave.
o pu	14.	ATHER S NAME First	Meddle	Last	15. MOTHER'S MAIDEN NAME I		Last
be n all		Walter		irwan	Hatt		Rebbins
5 0 0 E	16a	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give in	var ar dates of service)		INFORMANT	Address	
certification of the pleam of t		No	214-	• 07-7562	Mrs. Walter	Kirwan Camb	ridge Md.
		18 CAUSE OF DEATH (Enter or	y one cause per line for (a),	(b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath sindi		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI.	ATE CAUSE (a)	EBRAL HE	MOKLHAGE		FERMINAL
e d offer on,			DUE TO, OR AS A CONSE				
t the sit in a trial		Canditions, if any, which gave rise to immediate couse (a),			INOMA TO.	BRAIN	3 mo
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equires that the death, physician. signed by the ottendin burral-transit permit. burrial, cremation, or rea		lost			of Luna		3 · Mo
Physiga Sign bur bur		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ing ing and the	8	100 A					
s be	Ē	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20o. AUTOPSY?	CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The faw requires that the death be retained by the hospital or ottending physician. JIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. X.	CERTIFICATION].,			YES NO	}	
AN: Sorte		21g ACCIDENT WAS UNDERLY!	NG 216 TIME OF INJURY TH HOUR A.M. Month	Day Yeor	HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part	2, ftem 18.}
Pit in the second secon	MEDICAL	(If either, notify medical exami	ner) P.M	19			
hos see sche	2	21d INJURY OCCURRED 21e	PEACE OF INJURY (AT HOME FA	RM STREET FACTORY) 21f.	LOCATION Street or R.F.D No	City or Town	Caunty State
the det		While Nat while at work					
by Stori		22a I certify that (I) (th	is hospital) attended th	e deceased fram_1	110422 , 196	28 , to 3407 /7,	9 <u>68</u> , that (I) (we) fast date and haur and fram the
He de		causes stated above	e, (l) (we) (did) (did not)	view the body ofter	rdeath.	inian aeath accurred an the	agre and naur and tram the
A THE STATE OF STATE		22b. SIGNATURE	, "		4	22	C DATE SIGNED
OR GENERAL STREET		Qualit	R. Hud elle	DEC DEC	GREE PHYS.	WED STAFF DIRECTOR PHYS	9-19-68
AL C		22d. PHYSICIAN S			22e. ADDRESS		7 7 2 00
PITA mo ERA FILE Jabe		NAME (Type) Donald	R. McWillian	ns.M.D.	Box 248	East New Market	Ma
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certifical be executed within 24 Mours Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	23o	BUR AL, CREMATION, 23b.		. NAME OF CEMETERY O		23d. LOCATION (City or Town)	(County) (State)
Poo O		Burial	1/19/68 De	rchester	Mem. Park	Cambridge I	erchester Md.
VR AT5 4)	24.	FUNERAL DIRECTOR		ADDRESS	25a REC'D E	BY REGISTRAR 2Sb REGISTRAL	R S SIGNATURE
30M REV		Kentoks	Cami	oridge Md	. 2161 3ATE SF	P 2 6 1968 20L	carles Judge

		DIVISION OF	VITAL RECORDS, 30	W. PRESTON STREE	T, BALTIMORE, N	MARYLAND 21201	• •	
	12292	•	CEF	RTIFICATE OF DI	EATH	1	12905	}
	1. DECEASED NAME	First	Middle	Last	2a. DATE	OF DEATH		2b. HOUR
	(Type or print)	Jeseph	ROBPY	7 4899		Month Do	Mb8	MADEP
	3. SEX	4 PRACE	V	S. DATE OF BIRTH		6. AGE (In years last birthday) YRS.	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	70 BIRTHPLACE (State or fore country)	ign 7b. CITIZEN OF WH.	(1/7	MARRIED NEVER MARRIEI IDOWED DIVORCED		1		Md.
5	D. CITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTITU	TION (If not in haspital	during most of work	ION (Kind of wark dane ing life, even if retired)	126 KIND OF E INDUSTRY	IUSINESS OR
	3a USUAL RESIDENCE (When			. CITY OR TOWN 13d	INSIDE CITY LIMITS? 13e.	STREET AND NUMBER		
4	14 FATHER S NAME First	Middle	Dycen HAME	15. MOTHER'S MAIDE	-1-1	Middle		Lost
4	8un	Hell	Gorman		MARI		Le	94
	160 WAS DECEASED EVER IN Yes, na, ar unknawn)		166. SOCIAL SECURITY NO 214-34-786	17 INFORMANT	melin	N Hart	leg D	9.
	18. CAUSE OF DEATH (Enter anly one cause per lin						IATE INTERVAL ISET AND DEATH
ı		IMMEDIATE CAUSE (o)	Aspi	RATION		88.11	Wh K	nown
	Conditions, if ony, which		A CONSEQUENCE OF	ing fon s	Cerea		195	9
	rise to immediate cou stating the underlying		A CONSEQUENCE OF	77.3	-160-			
	lost.	(c)						
-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT R			IVEN IN PART I(a)		
-	N /	Grand 1	hal 3	erzure				
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UN	19b. CONDITION FOR WHI	CH OPERATION WAS PERFOR	MED 200 AUTOPSY		S. IF YES, WERE FINDINGS USES OF DEATH?	CONSIDERED IN CEI	REFERENCE
	21a. ACCIDENT WAS UN	DERLYING 216 TIME OF	INHRY	21c. HOW INJURY OCCURI		inury in Port 1 or Port 2	Item 181	
	OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M.	Month Doy Year	S. C. How Mark October	fringi noidia di			
	21d. INJURY OCCURRED While Not while at work	21e, PLACE OF INJURY /	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f LOCATION Street or	r R.F.D. No.	City or Town	County	State
1	22a. I certify that	(f) (this haspital) atte	nded the deceased f	ram 7 -1 -5	9_, 19, ta_	9-15-6819	, that	(we) last
	saw the dece	ased alive an	19_19_19_	, and that in (my) y after death.	(a r) apinian deat	in accurred an the d	ate and havr a	ind from the
-	22b. SIGNATURE	1)/(1	ATTENDING	C MED C		DATE SIGNED	16
ı	and pluyer on the	1 / (m	uman	DEGREE PHYS 22e ADDRES	DIRECTOR	STAFF PHYS.	1-15-	60
	22d. PHYSICIAN S NAME (Type)	terhew H	'Kuwfn		stern St	one sta	te Hos	×
	23a BURIAL, CREMATION, BUREMONA (Specify)	23b DATE 9/17/68		n Cemetery		ATION (City or Town) ton, Rural,	(County)	(State)
	24. FUNERAL DIRECTOR	10,21,700	ADDRESS		a. RECO BY REGISTRAL	R 2Sb REG.STRAR	Kent.	Del.
4	II 04	7 11 . ,	n'11' 1	m.	SEP 1 7 1	1968 PClip	was and	4K

MAKTLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH 12895 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last I. DECEASED NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) J. PERCY MAY, Sr. Sept signed by the ottending physician ond completed fifled in by the following transit permit. Then please remove corbon popers. Poges 1 burial, cremotion, ar removol, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS Male White lost birthday) MDNTHS DAYS HDURS Oct. 9, 1893 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED West Virginia USA Dorchester WIDOWED X DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR within cambridge Md. Hospital Cambridge during most of working life, even if retired) Moustry Farming 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE Maryland requires that the death certificate be executed 13b. COUNTYDorchester Linkwood YES [NO X None 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle May Arbelon James Wolff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) LeCompte Funeral Service records APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per lipe for (a) (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Canditians, if any, which gave) 1/21 ax rise to immediate couse (a). DUE TO, OR_AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g1 as the IO FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 🗖 DR CONTRIBUT NG 🔲 CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R F.D. No City or Town County State White Not while at work 22a. I certify that (1) (this haspital) attended the deceased from from the saw the deceased alive an 1965, that (1) (we) last saw the deceased alive an 1965, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (I)c(we) (did) (and nat) view the bady after death. 22b AGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR Sept. 25, 1968 DEGREE 22a, ADDRESS NAME (Type) James U. Thompson, MD Locust St., Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (Stote) Sep. 26. 1968 Dorchester Memorial Park Cambridge, Maryland ADDRESS ADDRESS ADDRESS ADDRESS AND ALL SEP 250 RECTO BY REGISTRAR DATE SEP 27 30M REV



1	ı	12896	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 2120 H	12907
death.	1.	DECEASED-NAME Firs (Type or print)		as Murphy	20 DATE OF DEATH Manth	Day Sear 26. HOUR
	3.	SEX M	4 RACE White	S DATE OF BIRTH	6. AGE (In years lost buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
requires that the death certificate be executed within 24 haurs after g physician. signed by the attending physician and completely filled in by the surial-transit permit. Then please compare carbon papers. Pages burial, crematian, ar removal, and in any event, within 72 haurs after		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED VIDOWED DIVORCED	9. COUNTY OF DEATH	ster "
within Sely fille ban pa	1	CITY OR TOWN OF DEATH	give street oddress	ge Md. durin	USUAL OCCUPATION (Kind of work d	
ecuted complet complet y event	od	nission) STATE	osed lived, if institution: Residence before 13b. COUNTY	VIENNZ YESE	1 NO []	
that the death certificate be execan. by the attending physicigm and contransit permit. Then please comperements and in any		FATHER'S NAME Eirst	Middle Henry Mu	15. MOTHER'S MAIDEN NAM	ry	Willell
ertificate physicie en pleo oval, ar	16	1,0	war or dates of service)	DEVIOUS.	Murphy, VI	enna Ma
death a tending mit. Th		PART I. DEATH WAS CAUS	nly ane couse per line far (a), (b), and (a ED BY IATE (AUSE (a)	may occli	isin	BETWEEN DISET AND DEATH
at the at the at nsit per		Conditions, if ony; which gave rise to immediate cause (o),	(D)	morary of	usufficiency	fyr.
equires that the physician. signed by the burial-transit burial, cremat		stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT I	way Ha	X Diseau	tyrs.
The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre	Ng	12	D. CONDITION FOR WHICH OPERATION WAS P			IGS CONSIDERED IN CERTIFYING
AN: The law ratending of ar attending icate has been far use as the Health priar to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYI		YES NO	CAUSES OF DEATH?	
PHYSICIAN le haspital his certifical stached far Dept. af He	MFDICAL	or contributing cause of Del	ATH HOUR A.M Month Doy Yeor	9		Caunty State
R ATTENDING PHYSICIAN: The law re retained by the haspital ar attending IECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar to		at work at work	B. PLACE OF INJURY (AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC	01-	is ald	779, that (I) (we) la
			his haspital) attended the deceas alive an re, (1) (we) (did) (did nat) view the	19, and that in (my) (aur) bady after death.	apinian death accurred an th	e date and haur and fram th
L OR A' be reft DIRECT		226. SIGNATURE	vene Mayor	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 shauld be detached far Shauld be filed with the State Dept. af He	200	22d. PHYSICIAN'S NAME (Type) 2 3 1 DÖRIAL, CREMAT ON, 23b.		ZEMETERY OR CREMATORY	Cambride	e Md
TO H Page Office	2	REMOVAL Specify 236	DATE 23c. NAME OF	Chha	23d LOCATION (City or Town) "D BY REGISTRAR 256 REGISTI	County) Cycle) RAR'S SIGNATURE
30M REX		with Shi	lloughber Bent	Law Merke FATES	EP 1 1 1968 80	carles Judge

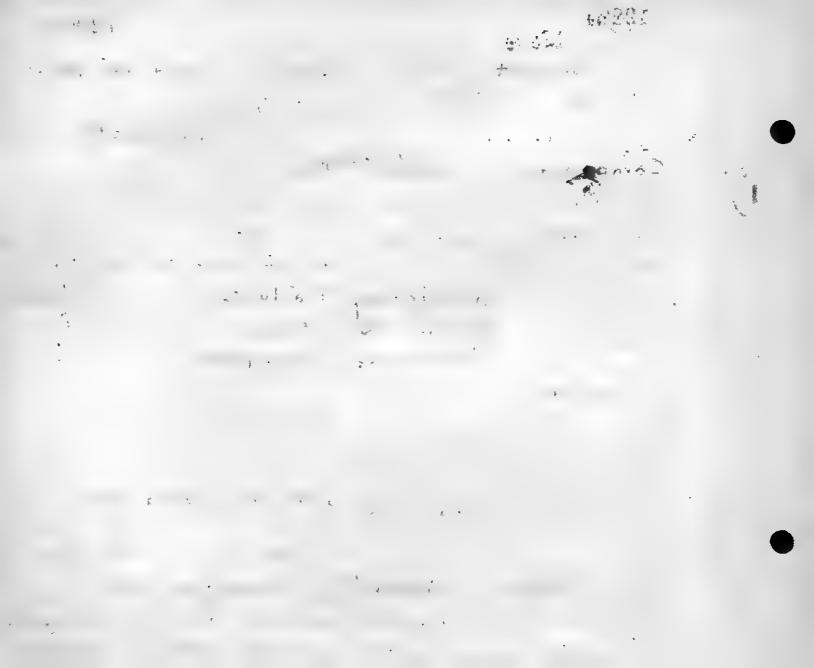
MAKILAND STATE DEPARTMENT OF HEALTH

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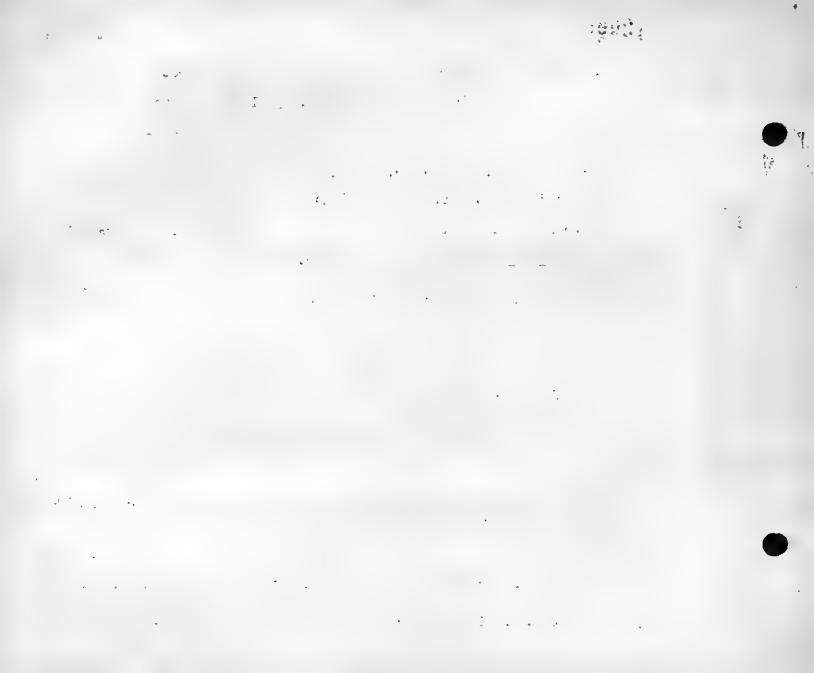
1/1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	12897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3908
1	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	y Yeor 2b HOUR
	(Type or Print) George Sylvester Market Norris DEATH MATED Sept.	2319684P M
3	SEX 4. RACE S DATE OF BIRTH 6 AGE (n years of JNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month Doy	Year 2d. HOUR
7	Male White 12/25/1887 88 yrs	19 M
	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH John Married Never Married 9. County of Death Dorchester	
	Md. Charles Co. U.S. "Bottles Co.	Md b KIND OF BUSINESS OR
- 1	give) straet and give)	oustry an nin g
/ 13	ISSUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d, MSIDE CITY UMITS? 13e, STREET AND NEIMBER	amming
2 30	gdmission) STATE Md 13b. (OUNTY Chester Cambridge YES NO 13b. Willis William NAME First Models NAME First Models NAME First Models NAME First N	St.
14.	EATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
1		Hammond
	1. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Il yes give wor or dates of service) Yes WW1 211-07-9317 Mrs. Nerris 133 Willis St.	
=		Cambridge APPROX.MATE INTERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
	4/09 IMMEDIATE CAUSE (a) Coronary occlusion Due to, or as a consequence of	Instant_
	Conditions, if any, which gove	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost.) (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
CERTIFICATION	WAS PERFORMED?	YES NO DE
CFRT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	land hard
MFDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	
AF		County State
	AT WORK AT WORK	
	22o. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	ond in my opinion
	deoth resulted fon: Notural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner	_]
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DATE SIG	NFD
	DEPUTY MEDICAL EXAMINER 187 9/25	
	NAME (Type) John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambri	
23	DEMOVAL (Spaceful	ounty) (State)
	REMOVAL (Specify) Burial 9/25/68 Oxford Cometery Oxford Talbot	
12	ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN ADDRESS 250 REC'D BY REGISTRAR'S SIGN ADDRESS 250 REC'D	as Condar
	TI COMPANY TO COMPANY OF A STATE OF A STORY	AND LONG THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS O



1		12898	DIVISION OF		301 W. PRESTON STR			01 4 0		*
		44000	211101010		ERTIFICATE OF I			12	2909	f
death.	(1	CEASED NAME First (CEASED NAME Property of	gavet :	Middle Josephine		vd	Sept	23rd Mm	1968 (A M
irs offer	3 SE	female	4. RACE	hite	5. DATE OF BIR	1 5,1893	lost birthdoy)	YRS.		DER 24 HRS.
shauld be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours o	COU	Canby, Mini	76. CITIZEN OF W		8. MARRIED NEVER MARR WIDOWED NOVER	CED [Dorch		er	Md.
		28 W by day USUAL RESIDENCE (Where dece	give give	AME OF HOSPITAL OR INS	THUTION (finot in hospital		ATION (Kind of work irking life, even if reta		KIND OF BUSINE PUSTRY	ESS OR
, +	13o odm	USUAL RESIDENCE (Where dece ssion) STATE	osed lived if institut	tion: Residence pefore	13c. GIY OR TOWN	3d. NSIDE CITY LIMITS?	3e STREET AND NUMB	ER		
7	14 F	ATHER'S NAME First	Middle	Lost	IS MOTHER'S MA	DEN NAME First	Mid	_ •	los	
	160 Y	WAS DECEASED EVER IN U.S. AI es, no, or unknown) (If yes gow	RMED FORCES?	Wellin 16b. SOCIAL SECURITY N	IO. 17 INFORMANT	<u>Carrie</u>	Addr	.T. ess 224 s bur	New to	n St
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)				ilure	The state of the s		APPROX MATE INTO BETWEEN ONSET AN	D DEATH
		Conditions, if ony, which gove rise to immediate couse (a) stating the underlying coust	(b) <u>C</u>	AS A CONSEQUENCE OF	Bronk	Lus	· · · · · · · · · · · · · · · · · · ·		?	
		lost. PART 2. OTHER SIGNIFICANT CO	(t)(2 bstruc	TIVE E MY	DISEASE OR CONDITION	I GIVEN IN PART I(o)		<u> </u>	
	NOLL	None		HICH OPERATION WAS PER			20b. IF YES, WERE FIND	INGS CONSIDE	RED IN CERTIFYI	NG
1	CERTIFICATION	2)o. ACCIDENT WAS UNDERLY	ING 216. TIME O	TE (MINIDA	YES	MO []	CAUSES OF DEATH?	lost 2 Hom 15	13	
	MEDICAL (or contributing (cause of bi	FATH HOUR A.M., niner) P.M.	Month Doy Year		,			<u> </u>	
		at work of work			TORY,) 21f LOCATION Street		City or Town	Cour	•	Stote
		220. I certify that (I) (I sow the deceased couses stated about	this hospitol) off olive on9 ve, (I) (we) (did)	ended the deceose 	9 49 , and that in (my body ofter death.) (our) apinion de	o 9-23 eoth occurred on t	he dote on	_ , that (I) (d hour ond f	we) last from the
		22b. SIGNATURE Rulisid	10. 3.	lolean	DEGREE PHYS.		STAFF PHYS.	22c. DATE S	IGNED 23-6	8
- (22d. PHYSICIAN'S NAME (Type) Rec	hard	3. bila	leaum. De. ADDR	Gg mbri	dae	nd		
1	_ 3	REMOVAL (Specify)	DATE 9/25/68	Ft.Li	cemetery or crematory nceln Cemet	erv	OCATION (City or Town	eorge	s Co.	ote)
H	24.	FUNERAL DIRECTOR	homes fr	ADDRESS		250. REC'D BY REGISTI DATE SEP 2 (TRAR'S SIGNA Clayl	Janea	٤



	1		DIMETON OF				TENT OF HEA		William acons	Annua a	
3		1289%	DIVISION OF	VITAL RECORDS,	, 301 W. PI CERTIFIC			ORE, MAR	YLAND 21201	1291	0
# 5 T		ECEASED NAME . First Type or print) SADI	13:1 B	Middle ALLEN	PRITC	Last		20. DATE OF	DEATH Sept 22		2b. HOUR
	3. S		4 RACE	ite	FRIIU	S DATE OF B	IRTH 23, 189	1.	6. AGE (in years last birthday)	1968 F JMDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
19	7a cau	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	'HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR		COUNTY OF	1100		
(-)		CITY OR TOWN OF DEATH Cambridge	11.6	IAME OF HOSPITAL OR IN street address) mbridge Mo	ISTITUTION (IE n	ot in bospital	12a USUAL (OCCUPATION	(Kind of work done	12b. KIND OF B INDUSTRY Home	USINESS OR
Δu	13o. adm	USUAL RESIDENCE (Where deceosission) STATEMaryland	ed lived. If institu	tian Residence before orchester	113c CITY OR	TOWN	YES NO NO	7 13e STI	REET AND NUMBER Water Str		
	14	FATHER'S NAME First John	Middle G.	Allen	15	. MOTHER S M.	AIDEN NAME First Ma	ry	Middle	Marvel	Last
*	16a	WAS DECEASED EVER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY		NFORMANT eCompt	e Funera	l Ser	Address Vice reco	rds	
		1B. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA	BY. TE CAUSE (a) 14 DUE TO, OR	ine for (a), (b), and (c)	9.9	Nas	ewen	Kop		APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
		rise ta immediate couse (a), stating the underlying cause last	(c)	AS A CONSEQUENCE OF) THE TERMINA	AL DISEASE OR CON	DITION GIVEN	i in Part 1(0)		
· X	CERTIFICATION	190. DATE OF OPERATION 19b. (CONDITION FOR WI	HICH OPERATION WAS P		20o. AUTO] NO [CAUSES	YES, WERE FINDINGS OF DEATH?		TIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. P.M.	Month Day Year	9			ature of injur	y in Part 1 or Port 2,	, frem 18.)	
	W	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY	(AT HOME, FARM, STREET F/ OFFICE BUILDING, ETC.					ar Tawn	County	State
		220. I certify that (1) (this saw the deceased all couses stated above	s hospital) atti ive on	tended the deceos (did not) view the	led from 19 , and body after	d that in (m death.	<i>عام)</i> 19 , 1y) (aur) apinio	, to <u>_</u> an death e	occurred on the d	that late and haur c	(I) (we) los and from the
3		22b. SIGNATURE	4- ()	how /	DEGR	ATTENDI	NG MED DIRE			DATE SIGNED	f-
shauld be filed with the State Dept.		22d / PHYSICIAN'S NAME (Type) James		. ,,			cust Str		Cambridge		- 15
Silur		BURIAL, CREMATION, 23b. (REMOVAL (Specify) Ser FUNERAL DIRECTOR		968 Dorche	ster M		l Park	Camb	ridge, Ma		(State)
1	Le Le	Compte Funeral	Service	, Cambrid	ge, Mar	yland	DATE SEP 2	7 19	68 Jelia	was Jus	pe.



							TE DEPARTMEN					1/den _m m	-
١	1	2900		DIVISION OF	VITAL RECORI		. PRESTON STREE FICATE OF DE		DRE, MAR	YLAND 2	1201	129	141
Ļ		_	***		14.111	CEKII	Lost		DATE OF	DEATH			2b. HOUR
ľ	 DECEASED (Type or 	print)	First	_	Middle			1	20. DATE OF	Month	I O Day	68 ^{Year}	9P . M
ŀ		F	RED	4 RACE	DWARD	R	S. DATE OF BIRTH	1)E	6 AGE (In	10	IF UNDER I YEAR	
ľ	3. SEX									last birtho	lay)	MONTHS OAY	
ŀ	MAI			NEGRO	DAT CAUNTAVA	l a	03-15-9		COUNTY OF		YRS.		
	country)	ACE (State or fo		76. CITIZEN OF W USA	HAT COUNTRY?	o- MARE WIDO		ם ם	PRCHES	TER			Md.
	IO. CITY OR	TOWN OF DEAT	H		NAME OF HOSPITAL OF estreet address) ASTERN SI			12a. USUAL C during mast	occupation of working	(Kind of wo life, even if	rk done retired.)	125. KIND (INDUSTRY	OF BUSINESS OR
ŀ		BRIDGE	ara daransa		as ream or ition: Residence bef			INSIDE CITY LIMITS		REET AND NU			
	odmission)		LAND	136 COUNTY	ALBOT	ST.	YE.	NO NO	1.000 0.11	CELL MID INC	MIDER		
Ī	14. FATHER:	NAME FI	rst	Middle	los	t t	TS. MOTHER S MAIDE	EN NAME First			Middle		Lost
ı		AL	FRED		ROGERS		ALICE	Rogi	ER\$				
ľ		ECEASED EVER I		ED FORCES? If or dates of service)	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT			,	Address	. *	
		NO.	() 00 8.10		UNKNOW	N	RECORDS 0	F THE	EASTE	R_M_SH	ORE '		HOSPITAL
ĺ	1B. C/	USE OF DEATH	l (Enter anh	one cause per	line far (a), (b) and	(c).) <u>n</u>	7	-	0	0		BETWEEN	DXIMATE INTERVAL I ONSET AND DEATH
	F	ART I. DEATH V	VAS CAJSED IMMEDIAI	BY TE CAUSE (o)	Cony	esti	we her	21/	la.	Cur	2	Un	determi
	simple	*	1110111201111		AS A CONSEQUENCE	OF	0 -		N a		1		Roll
ı		ions, if any, wi		(h)	Kliss	nei	Lensi	Ne.	Lo	an			ş -{
ŀ		i immediate con githe underlyin		DUE TO, OR	AS A CONSEQUENCE	OF D		0	1	~		Un	delermine
ŀ	lost	3 1110 01101171)	(c)	and	ol	rena		des	eas	10		
١	PART	2 OTHER SIGNI	FICANT CON	DITIONS CONTRIB	UTING TO DEATH BL	T'NOT RELAT	D TO THE TERMINAL DI	ISEASE ORCON	DITION GIVE	i IN PART 1(a)		
l	z ナナ	The Cha	WYLL	e pye	longh	utes	•						
ı	€ 190 D.	ATE OF OPERATIO	ON 19b. (ONDITION FOR W	HICH OPERATION WA	S PERFORMED	20a. AUTOPSY	/?			INDINGS C	ONSIDERED IN	CERTIFYING
١	190 D						YES 🗀	KXX	CAUSES	OF DEATH?			
ı		CCIDENT WAS					c. HOW INJURY OCCUR	RED (Enter no	oture of inju	y in Part 1	or Port 2,	Item 18.)	
J	B □ or	CONTRIBUTING []	coi exomin	er) P.M		19							
	₹ 21d.	NJURY OCCURR	ED 21e	PLACE OF INJURY		T, FACTORY,) 2	If, LOCATION Street of	or R.F.D. No.	City	or Town		County	Stote
١	220	L certify the	at (I) (thi	s hospital) at	tended the dec	eosed from	5/29	1,1960	to	0	0 19		at (l) (we) last
l	- 1	saw the de	reased at	ive on 1	0 1 1 0	1966	and that in (my)	(our) opinio	on deoth	occurred o	n the do	ote and hai	ir and from the
١			ed abave	, (1) (we) (did) (did not) view	the body o	ter death.				1.6		
	22b. 5	IGNATURE -	上.	· Po	(Son		ATTENDING	☐ MED		STAFF r	-/	DATE SIGNED	168.
		~			000		DEGREE PHYS.		CTOR L	PHYS L	ম ।<	7 10	00.
		PHYSICIAN'S NAME (Type)	FARM	0=== 1			22e ADDRES		ne c-	ATE M	ACP! T	AF	
				OZER_M				RN SHO		ATE H			
I	23a. BURIA	L, CREMATION,	23ъ. Г	ATE	23c. NAME		OR CREMATORY	2		ON (City or T		(County)	(State)
		YAL (Specify)	9/	14/68	St.	Miche		So REC'D BY F		Tiche		T'AL DO	ot Ad.
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	1	1	1290%		301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	12912
the team of the contract of	representation of	L			ERTIFICATE OF DEATH		
(=	-25		DECEASED-NAME First (Type or print)	. Middle	Lost	20. DATE OF DEATH	2b. HOUR
dec	ERS		Rale		See	Sept. 2	8 1968 3P M
الله الله	长 源	3	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last, birthday)	IF UNDER I YEAR IF JINDER 24 HRS. MONTHS DAYS HOURS MIN
5	t g s	×	Male	White	Aug. 23, 19	905 63 YRS.	
	in by ers Pa		BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	MAKKIED NEACK WAKKIETAE	. COUNTY OF DEATH	
7	illed in pager hin 72	L	Virginia	U.S.	WIDOWED DIVORCED DIVORCED	Dorchester	Md.
th:	ily filled oan pare within 72	10	city or town of death Cambridge	give street oddress)	Md. Hespital 12a USUAL during mos	OCCUPATION (Kind of work done to for working life, even if retired.) Caller	125 KIND OF BUSINESS OR INDUSTRY Gas Co.
executed within 24 hours offer death.	ician and campletely filled in fease remave carban pager and in any event, within 72	130 add	uSUAL RESIDENCE (Where decease mission) STATE	ed lived, if institution, Residence before	13c CITY OR TOWN 13d INSIDE CITY LIM YES NO	TS? 13e. STREET AND NUMBER	
X	L Ca May ny 6	114	FATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME Fir	st Middle	last
o o			Albert	See	L11	lian	Showalter
1(8	physicia en plea oval, an	16	a WAS DECEASED EVER IN U.S. ARM Yes, pa, or unknown) (If yes give wi	IED FORCES? or or dules of service) 165. SOCIAL SECURITY I		Park Hill Dr	.Manheim Pa.
O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death cert	be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending is 3 shauld be detached for use as the burial-transit permit. The led with the State Dept. of Health priar ta burial, cremation, or remo	MENICA CEDIBICATION	PART I DEATH WAS CAUSED IMMEDIA Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON 190 DATE OF OPERATION 196. 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examination of work at work at work at work at work at work at work the deceased of	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUITIONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PER (CONDITION FOR	TORY.) 21f LOCATION Street ar R F.D. No. and finat in (my) (aur) apin bady after death.	20b IF YES, WERE FINDINGS OF CAUSES OF DEATH? noture of injury in Part 1 or Port 2, City ar Town 1, ta 12, 15, 15, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	CONSIDERED IN CERTIFYING Item 18.) County State
HOY	FUN recto	23	a. BURIA., CREMATION, 236. I		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
9	5 5 5 4 4				rsville Cemetery	Millerville	Lancaster Pa
	VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR	More Jambridge	OOT	REGISTRAR 25b. REG STRAR 3	
					Till and the second sec	17 7	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12913 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH deoth. 24 haurs after death (Type or print) HILDAH MOREDITH SMITH S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE April 16, 1893 last birthday) Female White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country Maryland Dorchester USA WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR give street address)
Cambride Md. Hospital during most at warking life, even if retired.) INDUSTRY Cambridge Home 13¢. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY Dorchester None Rhodesdale 14. FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME First Muddle Middle Pritchett W. Meredith Willie Gore 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) 220-10-6897 LeCompte Funeral Service records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE/OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After tilis certificate has been be detached far use as the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 8-1, 1968, ta 9-3, 1968, that (I) (we) lass saw the deceased olive an 3-1968, and that in (my) (aur) opinion death accurred and the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Wilbur N. Baumann, MD Aurora Street, Cambridge, Maryland 23d, LOCATION (City or Town) (County) (State) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b DATE Sept 6, 1968 BENOYAL (Specify) East New Market Cemetery East New Market, Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 LeCompte Funeral Service, Cambridge, Maryland DAFP 30M REV 1/68



٠		12903	DIVISION OF VI	TAL RECORDS,		ESTON STR			RYLAND 21201	12914		
Ī		EASED-NAME First		M.ddle		Last		2a DATE OF		v	2b HOUR	
	(1y	pe or print)	H L	INCOLN	ST	AFFORD		SEPT	EMBER 904	1968	11:15%	
3	SE)		4. RACE			S. DATE OF BIF			6 AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
		MALE	NEX	FROID		JAN	2. 18	94	7L YRS.	MUMINS DATS	IIOOKS WIM	
7	o. B	RTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARK		COUNTY OF	DEATH			
ľ	aunt	MARYLAND	USA	A.	WIDOWED 2		CED 🗍	DOR	CHESTER		Md.	
1	D. (I	TY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	TITUTION (If no	t in hasp'tal	12a USUAL	OCCUPATION	(Kind of work done		BUSINESS OR	
,		CAMBRIDGE	Give Stre	et address) AMBRIDGE	MD. HO	SP. I	NC most	LABORE	life, even if retired) R	INDUSTRY		
		JSUAL RESIDENCE (Where deced	sed lived of institution	Residence hefare	13c. CITY OR	TOWN	13d INSIDE CITY LIMIT		REET AND NUMBER			
1 0	M	ARYLAND	DORCH EST	NOR.	CAMBR	IDGE	YES NO	4	RFD #3			
/ li	4. F/	ATHER'S NAME First	Middle	Lost	15	MOTHER S MA	IDEN NAME Firs	st	Middle		Last	
		LINCOLN		STAFFOR	D		JULIA			SPICER		
	loc.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY I		FORMANT			Address			
	1.6	s, no ar unknawn) (If yes give	An en enter or service)	217-10-82	01	HELEN	NUMBET.	I.Y F	ASADENA M			
		18. CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUSE								APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH	
		PART 1. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Caro	liac Deco	mpensa	tion						
		4120		CONSEQUENCE OF								
		Canditions, if any, which gave	. Ser	vere Hype	rtensi	ve C.V.	.D.					
-		rise to immediate couse (a), stating the underlying couse	(0)	CONSEQUENCE OF								
	- 1	lost.	(c)									
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE ORCO	NDITION GIVE	N IN PART I(a)			
	Z.	173 V										
,	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	2Do AUTOI			YES, WERE FINDINGS CO OF DEATH?	NSIDERED IN C	ERTIFYING	
7.	KIIFI					YES 🗀	NO 🔼					
		21a. ACCIDENT WAS UNDERLY!		IJURY Manth Day Yeor	21c HO	W INJURY OCC	URRED (Enter n	nature of injui	y in Part 1 or Part 2, It	tem 18.)		
	MEDICAL	(If either, notify medical exom	ner) P.M.	19								
	¥ .	21d. INJURY OCCLERED 21e	PLACE OF INJURY (AT	HOME FARM, STREET, FAC FICE BUILDING, ETC	TDRY.) 21f. LOC	CATION Street	t or R.F.D. No.	City	or Town	County	State	
		While Not while to work	·									
		22a. I certify that (1) (the saw the deceases)	is borpital) attend	ded the decease	ed from Fe	b. 26,	, 1968	, taS	ept. 9, 19	<u>68</u> , that	(I) (we) last	
	1		live on Sept.	d nat) view the	7 <u>00</u> , and	that in (m)	y) (our) opini	ian death o	iccurred an the dat	e and haur	and tram the	
		causes stated of av	(010)	d har view life	DGGY UHEL O	GWIII			22c D	ATE SIGNED		
		741	4		DEGRE	ATTENDIN E PHYS	G MEE	ECTOR	STAFF S	eptemb	er 12, 6	
	H	22d. PHYSICENS		30000 34		11112						
-		NAME (Type)	EDWIN FA	SSETT, M.	υ.	023	HIGH S	TREET,	CAMBRIDGE	, MAKY	LAND	
,	23a	BUR AL, CREMATION, 236	DATE	23c NAME OF	CEMETERY OR (CREMATORY		23d LOCATIO	N (City or Town)	(County)	(State)	
		BUYAL (Specify)	9/15/68		WESLEY						MD.	
ŀ	24. 1	UNERAL DIRECTOR	2 (1)	STADDRESS	IR F.		250 REC'D BY	REGISTRAR	25b REGISTRAR'S	SIGNATURE		
	-	Tulerick (XIHair	CAMBRI	DGE M	D.	DAISEP 1	L 6 196	38 Jalian	And had	AL.	



MAKYLAND STATE DEPAKTMENT OF HEALTH



1	1	1	4.000.5	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		300 mm - m - m
4	•		12905	(ERTIFICATE OF DEATH		12916
′ ′	hours after death.		CEASED-NAME First ype or print)	Middle Tlizahet	lost b Stewart	20. DATE OF DEATH Month Doy	Yegr L. OM
3	p Jane	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
			Female	'Thite	-	lost birthdoy) YRS	MONTHS DAYS MOURS MIN
	noc acie		SIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	2 2 2		ITY OR TOWN OF DEATH	T S.	WIDOWED DIVORCED	<u>Dorchester</u>	Md.
	within within		Cambridge	11. NAME OF HOSPITAL OR INS give street oddress) Cambrids 6—1	Maryland Hosp.	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
	pplet car		STATE (Anna	13b COUNTY	13c CITY OR TOWN 13d, INSIDE CIT		D to a a to
	e executed ond compli remove con n any ever		THE S NAME First	Dorchester	Camaridge		Street
	ond rem	14.1			IS MOTHER'S MAIDEN NAME	rirst middle	Lost
	te b ian sase	160	WAS DECEASED EVER IN U.S. ARM			<u> </u>	Slacum
	ertificate be physician o nen please oval, and in	١ ١	es, no, or unknown) (If yes give w	er or dates of service)	ing Jeage I	4, 2 5 5	ast Arrley
	Cert The pl		18. CAUSE OF DEATH (Enter onl	y one couse per one for (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ne deoth cer ottending p permit. The ion, or remo		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) Starces	- an		22000
	ottendii ottendii permit. ion, or re		11	DUE TO, OR AS A CONSEQUENCE OF	1 10 -	1	
	the the sit		Conditions, if any, which gave) rise to immediate couse (a),	(b) Cama	udeble c con	leguous Spree	
	equires that the physician. Signed by the burial-transit to burial, cremati	L	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	. 4		160
	ysic ysic ned rial-		lost,	DITIONS CONTRIBUTING TO DEATH BUT NO	2 9 phany	COMPUTION CHIEN IN DART 1/-1	
	PHYSICIAN: The law requires that the death certificate be executed to hospital or attending physician. (his certificate has been signed by the attending physician and completed for use as the burial-transit permit. Then please remove can be by the burial transition, or removal, and in any event.	l z	196 i	BILIONZ CONTENENTING TO MENTER BUT ME	DI KEEATED TOWNE TERMINAL DISEASE C	OR CONDITION GIVEN IN PART 1(0)	
	lav lendi s be os t oriar	CERTIFICATION	196, DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	The I rotter shas use os				YES NO		
	YSICIAN: Ospital or certificate thed for us		210 ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	HOUR AM. Month Doy Year	ZIC HOW INJURY OCCURRED (E	nter nature of injury in Port 1 or Port 2,	Item 18.)
	SIC spit spit ertif red r. of	MEDICAL	If either, notify medical examing 21d IN-JRY OCCURRED 21e			No City or Town	County State
			at work of work	PLACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC			
	ATTENDING etained by th CTOR: After I shauld be d		22a. I certify that (I) (thi	s haspitol) attended the decease	d from, 19	150, to Salary, 19	that (I) (we) lost
	R: A		couses stated above	, (I) (we) (did) (did not) view the I	oody after death.	apiniun death acco nea on the ac	ant more paid from but ave
	OR ATTEN be retained DIRECTOR: ge 3 shauld led with the		226 SIGNATURE	1.	ATTOMORY	MED. STAFF 22c.	DATE SIGNED
	OR rebere		1 When	Mon	DEGREE PHYS	DIRECTOR PHYS. 4	14/01
	Poge 4 moy O FUNERAL I director, pog should be fill		22 (. PHYSIC AN S NAME (Type)		22e ADDRESSV	undande à	RICI
	OSP JNES	720	BURIAL, CREMATION, 23b (TOP NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
	O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fi	230.	DELIGITATION IN	ept.3.196 Frst		metery, Last "Cw	
	VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	2Sa REC's	D BY REGISTRAR 2Sb REGISTRAR'S	
	30M REV, 1/68	J	Servery &	Thousand Camo	ride, 1d. DASE	10 1968 John	las Judge



1		<u>. 4 </u>			DEPARIMENT OF I			PR-1048 A T	A-sa
17	4	12906	OIVISION OF VITAL RECORDS, (RESTON STREET, BALT ATE OF DEATH	IMORE, MAI	RYLAND 21201	1291	לין
() 第一		CEASED-NAME First (pe or print) MILO	Middle		Lost STUBBS	20. DATE OF 09	DEATH Manth 30 Day	68 ^{year}	25. HOUR 3. M
	3. SE	FEMALE	4. RACE WHITE		5. DATE OF BIRTH 01-29-05		6. AGE (In years last butpday)		IF UNDER 24 HRS. HOURS M.N.
in by 72 hour	7o. B	IRTHPLACE (State or foreign 75 MARYLAND	CITIZEN OF WHAT COUNTRY?	8. MARRIED D	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH DRICHESTER		Md
₩ Kin / 2		C AM BRIDGE	11. NAME OF HOSPITAL OR INS give street oddress) EASTERN SHOR	E STAT	E HOSP. during m	AL OCCUPATION ost of working	(Kind of work done life, even if retired.)	12b. KIND OF BI INDUSTRY	USINESS OR
ompler ove corl r event,	13a. admis	JSUAL RESIDENCE (Where deceased islan) STATE MARYLAND	lived if institution. Residence before 13b. COUNTY CAROLINE	13c. CITY OR DENT	TOWN 13d. INSIDE CITY L ON YES NO		REET AND NUMBER		
din ony	14. F	ATHER'S NAME First BATES	Middle Last SMITH		MOTHER'S MAIDEN NAME I	First ODA	Middle	EVAN	Last S
n pleos val, onc	16a. Ye	WAS DECEASED EVER IN U.S. ARMED is, no, or unknown) (If yes give wor o			FORMANT HOSPITAL RE	CORDS	Address		
it. The		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE	one couse per line far (a), (b), and (c).) Y: (AUSE (a) Pull Sen	Shes's	to, clus	nic			ATE INTERVAL SET AND DEATH
signed by the breathing prystain one buriol-tronsit permit. Then pleose remburial, cremation, or removal, ond in on		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF						
l-trons Il, crem	- }	rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		•				
to buric	- 1	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE ORG	ONDITION GIVE	N IN PART I(a)		
	CERTIFICATION	dia dia contra di la	NDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES □ NO 🔀	CALISES	YES, WERE FINDINGS CO OF DEATH?	NSIDERED IN CER	TIFYING
	₹	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF GEATH (If either, notify medical examiner)	23b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19		W INJURY OCCURRED (Ente	r nature af inju	ry in Part 1 or Port 2, It	em 18.)	
	WE	21d. INJURY OCCURRED 21e PL While Not while at work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		CATION Street or R.F.D. No	. City	ar Town	County	State
the State Dept. of Health prior to		22a. I certify that (I) (this saw the deceased aliv	haspital) attended the decease e an SEPT 30 1) (we}{did)(did nat) view the b	d fram 9_68, and	July 11., 19 I that in (my) (aur) api leath.	50, ta_S inian death o	EPT. 30 , 19 accurred an the dat	68_, that (e and haur a	(I) (we) last nd fram the
director, page 3 should should be filed with the		22b. SIGNATURE	Hanny 9	DEGRE		MED. DIRECTOR		ATE SIGNED	68
IO FUNEKAL DIRECTOR: After This director, page 3 should be detoc should be filed with the State Dep		22d. PHYSICIAN'S NAME (Type) F, M.	DOMPNGUEZ	?	220. ADDRESS 55	H			
lnods	V		-3-68 We	63	,	Bur	ON (City or Town)	(County)	(Stote)
A15 (4) REV 1/68	24.	FUNERAL DIRECTOR	ADDRESS ADDRESS	1	DATE OC	REGISTRAR 4	968 REGISTRAR'S S	MENATURE Que	det.



/ 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2918
HEALTH DEPT.		ECCASED-NAME First Middle Last 20 DATE KNOWN Manth D Type or Print) Russell Williams 0-19	Day Year 25 HOJR 9- 19 68 8AM
elay 3. Pag	3. 9	DUALITY MARKEY [1]	Year 1968 BA M
- M		BIRTHPLACE (Stote or foreign 75 cflizen OF/WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH POTCHE STEP	Md.
after death, alone Pages 1, along with form with the State becath.			26 KIND OF BUSINESS OR NOUSTRY
s af 18. alo alo deal		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN dmission) STATE Md. 13b. COUNTY Dor. Vienna Visno Vienna 13d. NSIDE CITY I.MITS?	
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an inhin an inhin 2 hav		WAS DECEASED EVER IN U.S. ARMED FORCES? (es) no for unknown) (If yes give wor or doins of sorrice) 528-10-638 Stendale When were arbitistic of sorrice) 528-10-638	
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te, te,	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO 🔀
<u>+</u>	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M P.M. 19 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item Page 19 217 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	n 18.)
XAM te th ge 4 yaur lage crem	WE	21d N.JRY OCCURRED 21e PLACE OF INJURY (At hame, form, street, where I not whate at work at work at work.	County State
ICAL EXA Execute for, Page ed for you CTOM: May		22a certify that I took charge of the remains described above, held an Autopsy, Inspection \textsty, Inquiry,	and in my apinian
DEPUTY DICAL E ressary, please exect e funeral director. Pa may be retained far FUNIRAL DIFFCOIL:		death resulted from. Natural causes 📉 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗋]
Ty Diease yy, please sral directo be retained (AI DIEC		ACTUAL CHIEF MEDICAL EXAMINER 225 DATE SH	GNED
O DEPUTY necessary, p the funeral 5 may be n O FUNIRAL leadth prior		SIGNATURE M.D	2/19/68
ro DEPUTY necessary, the funera 5 may be 10 FUNIRA		NAME (Lipe) John Mace Jr. ADDRESS(Street, city, town, or county) Cambric	
5	230	AUST CREMATION, 231. DATE 232 NAME OF CEMETERY OR CREMATORY Can 23d. TOCATION (City or Town) (C)	county (State)
VR A15ME (4)	24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SHO DATE SEP 2 4 1968 Plan	



OR STATE		12908 DIVISIO	N OF VITAL RECORDS, 301	W, PRESTOR	RTMENT OF STREET, BALTI RTIFICATE	IMORE, MAR	YLAND 21201 H	12919
HEALTHY DEPT.		CEASED-NAME Fir	les Nicholas Wo	od d	Lost		26. DATE KNOWN Mor OF ESTI- DEATH MATED	9 2 1968 N
M3. Po	3. 5	ale White	S. DATE OF BIRTH 2/11/1875	6. AGE (In years 73 thday) YRS.	MONTHS DAYS	HOURS MIN		1968ear 17124
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Office along with farm PM I and 2 with the State Deport after death.	10. 0	Hurlock	Belle Haven			120. USUAL duma most	OCCUPATION (Kind of work do t of working life, even if retired EX	ne 12b. KIND OF BUSINESS OR d.) INDUSTRY
office along lond with after death.		USUAL RESIDENCE (Where deceminission) STATE	osed lived, if institution: Residence	1	or town 130	YES NO	13e. STREET AND NUMBER 15 Vine St	Alb.
	14. F	ATHER'S NAME First George Wood	Middle	Lost	15. MOTHER'S MAIL	tha Hon		Lost
72 hours		WAS DECEASED EVER IN U.S. ARMED es, na, ar unknown) (If yes giv			7. INFORMANT Claribe	LB. Wi	ndson, Hurloc	k, Md.
UE _		PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), ED BY:		ERIOSCI ER	OSIS WI	TH CORONARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ansit per event w		4109 Canditions, if ony, which gave	DUE TO, OR AS A CONSEQU				HALOMALACIA ET	C. ECC
burial-transit permit. I in any event withir		rise to immediate cause (a), storing the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
and		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH E	UT NOT RELATED	TO THE TERMINAL DI	ISEASE OR CONDIT	TION GIVEN IN PART 1(0)	1
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION WAS PERF	FOR WHICH OPE ORMED?	RATION			20. AUTOPSY?
	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY Month, I HOUR A.M. P.M.	Toy, Year 2	lc. HOW INJURY OC	CURRED (Enter no	ature of injury in Port 1 or Port	
	WED	21d. INJURY OCCURRED 21e	PLACE OF INJURY (At hame, farm, octory, affice building, etc.)		If. LOCATION Street of	or R.F.D. No.	City or Town	Caunty State
burial, c			took charge of the remains d	escribed abave	e, held an Autor	psy 🔼	Inspection, Inquiry	
DIRE r to		ACTUAL V	in Mult	ccideni [_],	CHIE	F MEDICAL EXAM	INER 🔲	NATE SIGNED
D FUNERAL Health prio		SIGNATURE EXAMINER'S NAME (Type)	WEI	TV	FrOEPL	STANT MEDICAL E JTY MEDICAL EXA RESS(Street, city,	MINER DE	9-3-68
0	230		9/4/1968 236.5	ME OF CEMETERY			ad. LOCATION (City or Tayo)	(County) (Stote)
R	24.	FUNERAL DIRECTOR	WWAM & SON, Ed	ADDRESS		25a. REC'D BY F	registrar 25b. registra 4 1968 Polica	ar's signature

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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 129	320
HEALTH-DEPT.		CEASED-NAME First Middle Last 20. DATE KNOWN Month Di	lay Year 2b. HOUR
≈ a a ≥	,	William Lari Wright DEATH MATED 92	2 1968 1 PM
delay	3. 5		Yeor /8 / 12
		111 W 10/19/1908 29 YRS	1968 P. M
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s after 18. Give of along the death.	13a.	USUAL RESIDENCE (Where disceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER	
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ten the	.14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last
2000		Fred Wright LUIA LOW	imore
be executed within 24 "pending" in pencil-in the Medical Examiner's ansit permit. File pages event within 72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) Wyse you war or dates at service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ES. Wright Secretary	Md
d with in pe Exam Exam File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted anding" in Medical Epermit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion	Instant
e execute pending" ef Medica sit permit		4109 DUE TO, OR AS A CONSEQUENCE OF	
ld be exerd "pend" Chief Me fransit pe		Conditions, if any, which gave	
		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	
shauld be e he ward "per to the Chief I burial-transit		lost. (c)	
This certificate should cate, writing the ward be farwarded to the Ch be used as a burial-fra remaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certific te, writin farward farward e used a removal,	ATIO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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# = = 0	I CE	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item	1 18.)
INER: T e certific shauld b files. 3 shauld iotion, ar	MEDICAL	CAUSE OF DEATH P.M. 19	
AMINER: te the certi e 4 shauld raur files. age 3 shau crematian,	W	foctory office building etc.)	County State
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ry, please e eral director be retained RAL DIRECT prior to bu		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	'68
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o DEPUT) necessary, the funero 5 may be o FUNERA Health pr		7.11	
5まれるま 、	120	BURTAL, CREMATION, 23b. OATE 23c. NAME OF CEMETERY OR CREMATORY 123d. 10CATION (City of Town) (C	(State)
1/m	24	FUNERAL DIRECTOR ADDRESS AND 1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE .
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MARYLAND STATE DEPARTMENT OF HEALTH

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